



Wisconsin Department of Agriculture,
Trade and Consumer Protection
Division of Food Safety
PO BOX 93586, Milwaukee WI 53293-0586
Telephone (608) 224-4720

PLEASE TYPE OR PRINT

Submit check payable to **WDATCP**
with all copies of application to
address at left. Refer to fee
schedule for correct fee.

OFFICE USE ONLY		
SCORE	PASS	FAIL
LICENSE NO.		
DATE ISSUED		
EXPIRES		
FEE PAID		

LICENSE APPLICATION

This institution is an equal opportunity employer.

LEGAL NAME				TYPE OF LICENSE APPLYING FOR (check one): <input type="checkbox"/> Buttermaker (s. 97.17, Wis. Stats.) <input type="checkbox"/> Cheesemaker (s. 97.17, Wis. Stats.) <input type="checkbox"/> Milk and Cream Tester (s. 98.145, Wis. Stats.) <input type="checkbox"/> Bulk Milk Weigher and Sampler (s. 98.146, Wis. Stats.) <input type="checkbox"/> Butter Grader (s. 97.175, Wis. Stats.) <input type="checkbox"/> Cheese Grader (s. 97.175, Wis. Stats.) Type of Cheese check type(s): <input type="checkbox"/> American Cheese <input type="checkbox"/> Brick and Muenster <input type="checkbox"/> Swiss
MAILING ADDRESS				
CITY	STATE	ZIP CODE	COUNTY	
HOME TELEPHONE		DAYTIME TELEPHONE		
E-MAIL (if available)				
Applying for (check one): <input type="checkbox"/> Original <input type="checkbox"/> Renewal				
Date Last Active License Expired: _____				

A Other WDATCP Licenses. Please indicate the license number of other licenses you currently hold.

Bulk Milk Weigher and Sampler _____	Milk and Cream Tester _____
Buttermaker _____	Butter Grader _____
Cheesemaker _____	Cheese Grader _____

B Training, Work Experience and Supplemental Document Requirements. Cheesemaker/Buttermaker applicants must list dates and places of education and training in the area below. A Qualification Addendum must accompany each Cheesemaker/Buttermaker application. Milk and Cream Tester applicants must provide 2 professional letters of reference with their Milk and Cream Tester application.

Capacity	Name of School or Employer	Location	Dates	
			Mo/Yr	Mo/Yr
Dairy School				
Work Experience or Apprenticeship				To
Work Experience or Apprenticeship				To
				To
				To

Licensed Supervising Cheesemaker or Buttermaker, complete addendum and sign below to verify training and work experience.

Signature	Title	Date
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C Dairy Plant or Organization where you are now or intend to be employed. Butter Graders must provide location(s) where grading will be conducted.

Plant Name	Address	City	Zip Code	Phone Number
				()
Plant Name	Address	City	Zip Code	Phone Number
				()

D License Fee

Please refer to the license fee schedule provided by the Department. Enter the license fee owed. Each application must include the appropriate fee.	Check Number:	\$ _____
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Please read carefully before signing:

This form contains personally identifiable information, which may be used for purposes other than that for which it was originally intended (s. 15.04(1)(m), Wis. Stats.). Operating without a license is a violation of Wisconsin Law. Missing information may delay the issuance of your license. The undersigned hereby certifies that this is a true, complete and accurate application for the license type checked above. Verify that any required documentation is submitted with this application. See Section B for requirements.

Applicant Signature	Date
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SHADED AREA FOR DEPARTMENT USE ONLY

TEMPORARY LICENSE: This temporary license is issued for your convenience because you have successfully passed the appropriate examination. This temporary license is not transferable between persons.		
Approval to take exam, meets all requirements (signature & date):		
Temporary license issued by:	Temporary Number:	Effective Date:
License Recommendation (check one): <input type="checkbox"/> Issue <input type="checkbox"/> Deny (no refund)		
<input type="checkbox"/> Cancel app – State Reason		

White – Lockbox/Office, Pink – Proctor, Yellow – Applicant.